General Pharmaceutical Council

University of Suffolk, Master of Pharmacy (MPharm) degree Step 3 accreditation event report, December 2025

Contents

Event summary and conclusions

Provider: University of Suffolk

Programme: Master of Pharmacy (MPharm) degree

Event type: Step 3 accreditation

Event date: 10-11 December 2025

Approval period: Working towards accreditation

Relevant requirements: **Standards for the initial education and training of pharmacists, January 2021**

Outcome: Approval to progress to next step

The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that the proposed MPharm degree to be offered by the University of Suffolk may proceed from Step 3 to Step 4 of the accreditation process for new MPharm degrees**.** The team's recommendation permits a provisionally accredited MPharm degree to be delivered to students from the 2026/27 academic year.

Approval to progress to the Step 4 and to deliver the programme is subject to three conditions.

Conditions:

1. The criteria used to assess candidates at the interview stage must ensure that only those who demonstrate suitability to an acceptable level are admitted on to the programme. This is because the use of an average score may permit applicants who have not demonstrated meeting professional entry requirements to be accepted on to the programme. This relates to criteria 1.5 and 1.7.

   Evidence of how the University has addressed this condition must be sent to the GPhC, for approval by the accreditation team. This must be done by 31 January 2026.

2. Assurance must be provided that the staff complement will be appropriate for all aspects of programme delivery, specifically:

   a. that the current and planned staffing for the 2025/26 academic year, including the Associate Professor in Pharmacy Practice and the Lecturer in Pharmacy Practice due to take up posts in January 2026, remains as described at this Step 3 event, and:

   b. that recruitment to one or more of the staff posts currently planned for the 2027/28 academic year is brought forward to 2026/27. This is to allow staff to complete their induction, prepare adequately for programme delivery and provide meaningful input to development of teaching content and assessments. This relates to criterion 3.2.

   Evidence of how the University has addressed condition 2a must be sent to the GPhC, for approval by the accreditation team by 31 January 2026 and before offers are made to applicants. The University must provide evidence to meet 2b by 31 May 2026.

   The accreditation team will take a view on staffing provision after the 31 May 2026 deadline. This date will be final opportunity for the University to confirm the core staffing provision in place for

Autumn 2026 delivery. Should staffing levels fall after this time the GPhC must be notified, to allow the matter to be referred back to the accreditation team for review.

3. In relation to assessment, the University must:

    a. reduce the number of assessments to present an appropriate and realistic workload for students, whilst ensuring students demonstrate meeting all learning outcomes.

    b. remove allowance for in-module compensation.

    c. define appropriate pass criteria for all Year 1 summative assessments.

    d. define an appropriate process for the standard setting of all summative assessments. The processes used must demonstrate clearly that the passing standard is fair and reflects safe and effective practice.

    e. clearly define appropriate systems and processes that will be used to monitor and record the assessment of Year 1 students against the learning outcomes.

    f. provide assurance that all examiners and assessors will have appropriate skills, experience and training to carry out the task of assessment.

    A revised mapping of summative assessments to GPhC learning outcomes must be provided to accompany the above.

    This relates to criteria 5.8, 6.2, 6.3, 6.4, 6.6, 6.7, 6.8, 6.11 and 7.1.

    Evidence of how the University has addressed this condition must be sent to the GPhC, for approval by the accreditation team. This must be done by 31 May 2026.

Standing conditions: Find here **the standing conditions of accreditation**.

Recommendation:

1. That the proposal for students to demonstrate competency in assessment at a higher level than that required of the GPhC learning outcomes is reconsidered. This relates to criteria 6.3 and 6.4.

A response to the recommendation must be provided by 31 May 2026.

Registrar[1] decision: The Registrar of the GPhC reviewed the report of the event and accepted the accreditation team's recommendation. Additional wording was added in relation to condition 2 to provided clarity on the team's review of staffing provision before the first intake. The University of Suffolk may proceed to Step 4 of the accreditation process for new MPharm degrees to the Standards for the initial education and training of pharmacists, January 2021, subject to meeting the conditions set out.

[1] Registrar or appointed delegate

Key contact (provider): Dr Georgina Marsh, Head of Pharmacy and Prescribing

Accreditation team:

Ahmed Aboo (Team Leader) Head of School Leicester School of Pharmacy, De Montfort University*

Dr Gemma Quinn (team member – academic) Head of School of Pharmacy, Optometry and Medical Sciences, University of Bradford

Lyn Hanning (team member – academic) Professor of Pharmacy Education and Head of the Bath MPharm, University of Plymouth

Shazhad Ahmad (team member – pharmacist) Clinical Lead, NHS England Transformation Directorate

Olivia Fisher (team member – pharmacist newly qualified) Specialist Medicines Information Pharmacist, John Radcliffe Hospital, Oxford

Katie Carter (team member – lay) Consultant in Healthcare Regulation and Education

GPhC representative: Philippa McSimpson, Quality Assurance Manager (Education), General Pharmaceutical Council*

Rapporteur: Ian Marshall, Professor Emeritus of Pharmacology, University of Strathclyde; Proprietor, Caldarvan Research (Educational and Writing Services)

Observer: Derek Artis (lay team member in training) Specialist lawyer, fitness to practise, regulation, accreditation and quality assurance

***also attended the pre-event meeting on 25 November 2025

Introduction

Role of the GPhC

The General Pharmaceutical Council (GPhC) is the statutory regulator for pharmacists and pharmacy technicians and is the accrediting body for pharmacy education in Great Britain. The GPhC is responsible for setting standards and approving education and training courses which form part of the pathway towards registration for pharmacists. The UK qualification required as part of the pathway to registration as a pharmacist is a GPhC-accredited Master of Pharmacy degree course (MPharm).

The GPhC's right to check the standards of pharmacy qualifications leading to annotation and registration as a pharmacist is the Pharmacy Order 2010. It requires the GPhC to 'approve' courses by appointing 'visitors' (accreditation and recognitional panel members) to report to the GPhC's Council on the 'nature, content and quality' of education as well as 'any other matters' the Council may require.

The powers and obligations of the GPhC in relation to the accreditation of pharmacy education are legislated in the Pharmacy Order 2010. For more information, **visit the Legislation page on our website**.

The GPhC's process for initial accreditation of a UK MPharm degree involves seven steps, each of which are normally completed in consecutive academic years. Step 1 involves an initial engagement meeting by an application institution to share their proposal and no formal decision on accreditation is made. For steps 2 to 7, the process requires a formal evaluation of the programme and the providers progress towards meeting the **Standards for the initial education and training of pharmacists, January 2021**. Step accreditation events are held on-site at the provider's proposed delivery location and involve a full accreditation team.

Following successful completion of step 3, the MPharm degree is provisionally accredited and students may be accepted on to Year 1 of the new programme. Each accreditation step must be passed successfully in order to progress to the next. An MPharm degree holds provisional accreditation status until the provider has completed all seven steps successfully.

Background

The University of Suffolk approached the GPhC with a proposal to deliver an MPharm degree at the University. The rationale was to build on the University's health care provision underpinned by a need to address pharmacy workforce shortages being experienced across the country, but particularly within Suffolk where vacancy rates exceed those experienced elsewhere in England. Additionally, the proposal would support the NHS Long Term Plan which aims to increase pharmacy education and training places by 2030/31. It would also help provide the additional pharmacists needed within community pharmacies to support the Pharmacy First scheme, as well as to address the shortfall in clinical pharmacists within hospitals and primary care settings. The University is the only university in Suffolk and hopes to attract students to the region who will stay on to live and work in the area once qualified.

A Step 1 event took place remotely by videoconference on 22 February 2024 and comprised a presentation by representatives of the University followed by questions and advisory comments from the accreditation team leader and GPhC representatives, as well as confirmation of the GPhC accreditation process and timings.

At the step 1 event, the GPhC representatives were told that the University was working with the Suffolk and North-East Essex ICB (SNEE ICB) Pharmacy Workforce Group and other potential stakeholders to

inform the set-up and development of the MPharm degree. The programme will be housed in an existing building in Ipswich which includes specialist life science research and laboratory facilities. MPharm students will also have access to the University's new Health and Wellbeing Building, which is a £15M modern facility offering clinical simulation amenities and including two simulated hospital wards.

On staffing, the GPhC representatives were told that the University aimed to recruit two curriculum leads at associate professor or senior lecturer level in Spring 2024, one leading on science and one leading on in pharmacy practice, the latter also acting as the MPharm lead/pharmacy curriculum lead. Further recruitment would take place in 2025 with staffing expanding in line with the student cohort size.

The GPhC representatives noted that it was the intention to build up student numbers over the years starting from a baseline of 40 students. The GPhC advised that Schools of Pharmacy tend to find that a minimum of 50 students per cohort is needed to maintain a financially viable programme once accredited, and therefore the University should be prepared for high up-front investment costs as there is likely to be a financial deficit for the first 4 years of programme delivery, and possibly longer. Thus, the team advised that the University may wish to reconsider its business case and student number forecasts to take account of this and to ensure that its plans are realistic.

A Step 2 accreditation event took place at the University on 2-3 July 2025. As a result of the event the team agreed to recommend to the Registrar of the GPhC that the proposed new MPharm degree to be delivered by the University of Suffolk should be permitted to move from step 2 to step 3 of the accreditation process for new MPharm degrees subject to one condition. The condition was that assurance must be provided that sufficient clinical and pharmacy practice resource will be in place to develop the programme in advance of the Step 3 event and in preparation for Year 1 delivery. This was because the team had concerns that there was insufficient resource to design the detailed curriculum in advance of Step 3 and to ensure that the programme's teaching and assessment will be ready for delivery in 2026. This was to meet criteria 3.2, 5.1, 6.2 and 6.3. There were also two recommendations, one relating to applications and recruitment, and the second that the University may wish to consider delaying Step 3 of the process until the 2026/27 academic year. This was because the then programme team was small and there would be significant work to be completed to develop the curriculum in advance of the Step 3 event. In the event, the University decided to proceed to Step 3 of the accreditation process and this report relates to that event that took place at the University on 10-11 December 2025.

Documentation

Prior to the event, the provider submitted documentation to the GPhC in line with the agreed timescales. The documentation was reviewed by the accreditation team 'the team' and it was deemed to be satisfactory to provide a basis for discussion.

Pre-event

In advance of the main event, a pre-event meeting took place via videoconference on 25/11/2025

The purpose of the pre-event meeting was to prepare for the event, allow the GPhC and the provider to ask any questions or seek clarification, and to finalise arrangements for the event. The provider was advised of areas that were likely to be explored further by the accreditation team during the event.

The event

The event was held on site on 10-11 December 2025 and comprised a series of meetings between the GPhC accreditation team and representatives of the proposed MPharm programme.

Declarations of interest

There were no declared conflicts of interest

Schedule

1. Management and oversight of the MPharm degree
2. Tour of facilities
3. Teaching, learning, support and assessment – Part 1: Curriculum design and delivery
4. Teaching, learning, support and assessment – Part 2: Plans for embedding independent prescribing and Delivery of Year 1
5. Teaching, learning, support and assessment – Part 3: Learning Outcomes
6. Delivery of outcome to programme provider

Attendees

Course provider

The accreditation team met with the following representatives of the provider:

Table 1: Course provider representatives

Name	Designation at the time of accreditation event
Professor Paula Kersten*	Executive Dean, School of Health, Sciences and Society
Dr Wendy Lecluyse*	Associate Dean, School of Health, Sciences and Society
Dr Georgina Marsh*	Head of Pharmacy & Prescribing, School of Health, Sciences and Society - Pharmaceutics Lead
Jo Divers	Associate Dean, School of Health, Sciences and Society
Dilek Guneri	Lecturer in Pharmacy – EDI lead, School of Health, Sciences and Society
Laura Pennie	Academic Registrar
Chantalle Hawley	Director of Student Life
Karen Hinton	Associate Director Marketing
Sarah Cavanagh	Regional Public Health Pharmacist at NHS England, and honorary public health consultant, School of Health, Sciences and Society
Nathalie Lavignac	Senior Lecturer in Pharmacy – MPharm Admissions Lead, School of Health, Sciences and Society
Carlos Gonzalez	Senior Lecturer in Pharmacy, School of Health, Sciences and Society

Name	Designation at the time of accreditation event
Dr Raja Ahsan Aftab	Associate Professor – Programme Director/ Pharmacy Practice Lead, School of Health, Sciences and Society **
Martin Howe	Pharmacy Practice Consultant, School of Health, Sciences and Society
Dr Paul Duell	Pharmacy Dean, NHS England - East of England
Dr Mark Cheeseman	Director of Medicines Optimisation & Pharmacy, NHS Suffolk and North East Essex
Chris Galloway	Lead Education, Training and Development Pharmacist, East Suffolk and North Essex NHS Foundation Trust
Jawn Jiang	Director, G.M.Graham Pharmacies Limited
Nicola Parr	Senior Pharmacist, Education & Training, Specialist Homecare Pharmacist**
Alison McQuin*	Head of Quality

* also attended the pre-event meeting

** attended online

Key findings - Part 1 Learning outcomes

During the Step 3 event accreditation team reviewed the provider's proposed teaching and assessment of all 55 learning outcomes relating to the MPharm degree. To gain additional assurance the accreditation team also tested a sample of six learning outcomes during the event to explore the teaching and assessment in Year 1 of the programme. The following learning outcomes were explored further during the event: **3, 17, 21, 28, 32 and 53**.

The team agreed that all learning outcomes were likely to be met. This was because the team agreed that, given the programme is not yet being delivered, there is insufficient evidence currently that they will be met at the appropriate level. Much of the evidence for meeting these outcomes will be obtained when the programmes are delivered and during the periods of experiential learning, which have yet to be fully developed and implemented. These learning outcomes will be reviewed again during subsequent step events.

See the decision descriptors for an explanation of the 'Met' 'Likely to be met' and 'not met' decisions available to the accreditation team.

The learning outcomes are detailed within the **Standards for the initial education and training of pharmacists, January 2021**.

Domain: Person-centred care and collaboration (learning outcomes 1 - 14)

Table 2: Learning outcomes' assessment decision for learning outcomes 1 to 14

Learning outcome	Met	Likely to be met	Not met
Learning outcome 1	☐	✓	☐
Learning outcome 2	☐	✓	☐
Learning outcome 3	☐	✓	☐
Learning outcome 4	☐	✓	☐
Learning outcome 5	☐	✓	☐
Learning outcome 6	☐	✓	☐
Learning outcome 7	☐	✓	☐
Learning outcome 8	☐	✓	☐
Learning outcome 9	☐	✓	☐
Learning outcome 10	☐	✓	☐
Learning outcome 11	☐	✓	☐
Learning outcome 12	☐	✓	☐
Learning outcome 13	☐	✓	☐
Learning outcome 14	☐	✓	☐

Domain: Professional practice (learning outcomes 15 - 44)

Table 3: Learning outcomes' assessment decision for learning outcomes 15 to 44

Learning outcome	Met	Likely to be met	Not met
Learning outcome 15	☐	✓	☐
Learning outcome 16	☐	✓	☐
Learning outcome 17	☐	✓	☐
Learning outcome 18	☐	✓	☐
Learning outcome 19	☐	✓	☐
Learning outcome 20	☐	✓	☐
Learning outcome 21	☐	✓	☐
Learning outcome 22	☐	✓	☐
Learning outcome 23	☐	✓	☐
Learning outcome 24	☐	✓	☐
Learning outcome 25	☐	✓	☐
Learning outcome 26	☐	✓	☐
Learning outcome 27	☐	✓	☐
Learning outcome 28	☐	✓	☐
Learning outcome 28	☐	✓	☐
Learning outcome 30	☐	✓	☐
Learning outcome 31	☐	✓	☐
Learning outcome 32	☐	✓	☐
Learning outcome 33	☐	✓	☐
Learning outcome 34	☐	✓	☐
Learning outcome 35	☐	✓	☐
Learning outcome 36	☐	✓	☐
Learning outcome 37	☐	✓	☐
Learning outcome 38	☐	✓	☐
Learning outcome 39	☐	✓	☐
Learning outcome 40	☐	✓	☐
Learning outcome 41	☐	✓	☐
Learning outcome 42	☐	✓	☐

Learning outcome	Met	Likely to be met	Not met
Learning outcome 43	☐	✓	☐
Learning outcome 44	☐	✓	☐

Domain: Leadership and management (learning outcomes 45 - 52)

Table 4: Learning outcomes' assessment decision for learning outcomes 45 to 52

Learning outcome	Met	Likely to be met	Not met
Learning outcome 45	☐	✓	☐
Learning outcome 46	☐	✓	☐
Learning outcome 47	☐	✓	☐
Learning outcome 48	☐	✓	☐
Learning outcome 49	☐	✓	☐
Learning outcome 50	☐	✓	☐
Learning outcome 51	☐	✓	☐
Learning outcome 52	☐	✓	☐

Domain: Education and research (learning outcomes 53 – 55)

Table 5: Learning outcomes' assessment decision for learning outcomes 53 to 55

Learning outcome	Met	Likely to be met	Not met
Learning outcome 53	☐	✓	☐
Learning outcome 54	☐	✓	☐
Learning outcome 55	☐	✓	☐

Key findings - Part 2 Standards for the initial education and training of pharmacists

Standard 1: Selection and admission

Students must be selected for and admitted onto MPharm degrees on the basis that they are being prepared to practise as a pharmacist

Table 6: Standard 1 - assessment decision for each of the criteria. Criterion 1.1 to 1.9

Criteria	Met	Likely to be met	Not met
Criterion 1.1	☐	✓	☐
Criterion 1.2	☐	✓	☐
Criterion 1.3	✓	☐	☐
Criterion 1.4	✓	☐	☐
Criterion 1.5	☐	☐	✓
Criterion 1.6	☐	✓	☐
Criterion 1.7	☐	☐	✓
Criterion 1.8	☐	✓	☐
Criterion 1.9	✓	☐	☐

The submitted documentation stated that up-to-date information about the MPharm course is available on the University of Suffolk MPharm webpage**.** An entry for the course has also been published on the UCAS website**,** providing course visibility and accessibility for potential applicants.

In response to the recommendation made during the previous event, the selection and recruitment strategy has been revised, introducing a single interview with a multiple component format. This will replace the previously proposed multi-station model for both the standard recruitment cycle and Clearing. In addition, the assessment of teamwork has been modified from a group activity to an MMI component focused on teamwork-related questions, ensuring consistency across both the standard and clearing cycles and for consistency between online and face to face selection processes. The team asked about the integrity of the numeracy element of the MMI if undertaken online. It was told that applicants would be required to be in a quiet room and to be on camera throughout the test. The team learned that assessment of the interview process would be on a 5-point Likert scale with an average of 3 or above being required for success and applicants scoring an average of 2 being placed on a reserve list. The example descriptor for a score of 1 equated to unsatisfactory performance and so the team was concerned that the use of an average score could lead to applicants that had not demonstrated meeting professional entry requirements to be accepted on to the programme. Accordingly, the team agreed that it be a **condition** of accreditation that the criteria used to assess candidates at the interview stage must ensure that only those who demonstrate suitability to an acceptable level be admitted on to the programme. This relates to criteria 1.5 and 1.7.

The Admissions and Interview Strategy has been updated to reinforce the importance of good character and health, and highlights that any offer of a place is subject to satisfactory DBS and health checks, as students cannot undertake placements without these. Interviewees will be asked to sign a copy of a form to confirm their clear understanding of this requirement. Recognition of Prior Learning is not permitted.

The team learned that all staff members will be trained in interviewing and that in addition to the University's standard online admissions training, the Admissions Lead will deliver a dedicated admissions training event in January 2026 to ensure that all relevant staff are familiar with the updated selection processes and associated training requirements. Following Step 2 approval, the Pharmacy team participated in its first Open Day on 4th October 2025. This event included a dedicated presentation, a drop-in Q&A session, and the distribution of promotional materials. Outreach activities have also commenced, including attendance at local and regional careers fairs, as well as talks in schools.

The standard entry requirement for the MPharm programme is 128 UCAS tariff points, and the contextual offer entry requirement is 120 UCAS tariff points. To support applicants who may improve their grades over time, candidates may be invited to interview based on predicted grades that are up to eight UCAS tariff points below the stated entry requirements. Three GCSEs are required as Level 2 qualifications, with grade C/4 or above in Mathematics and English Language, plus one additional subject. The team was told that the same interview process would be applied at Clearing but that a grade lower than the standard offer would be acceptable, although any red flag issues would result in failure to be accepted.

To take account of the admissions requirements in relation to periods of learning in practice, the University has strengthened its engagement with NHS England (NHSE). NHSE has confirmed that it remains supportive of the approach to admissions and the preparation of students for practice-based learning. The admissions process continues to align with expectations around values-based recruitment, and interview stations have been designed to assess alignment with NHS values and the GPhC Standards for Pharmacy Professionals. In preparation for placements, and in line with feedback from NHSE and other stakeholders, students will be required to complete statutory and mandatory training aligned with the UK Core Skills Training Framework, including e-learning modules delivered via the e-Learning for Healthcare platform.

Standard 2: Equality, diversity and fairness

MPharm degrees must be based on, and promote, the principles of equality, diversity and fairness; meet all relevant legal requirements; and be delivered in such a way that the diverse needs of all students are met.

Table 7: Standard 2 - assessment decision for each of the criteria. Criterion 2.1 to 2.6

Criteria	Met	Likely to be met	Not met
Criterion 2.1	☐	✓	☐
Criterion 2.2	☐	✓	☐
Criterion 2.3	☐	✓	☐
Criterion 2.4	☐	✓	☐

Criteria	Met	Likely to be met	Not met
Criterion 2.5	☐	✓	☐
Criterion 2.6	☐	✓	☐

The University continues to require all staff to complete mandatory Equality, Diversity and Inclusion (EDI) e-learning, with refresher training every three years, and to participate in additional professional development opportunities focused on inclusive practice.

The team learned that principles of equality, diversity, and fairness will be embedded within the selection processes for applicants. There is now a dedicated MPharm Equality, Diversity and Inclusion (EDI) Policy that consolidates programme-level commitments to equitable access, inclusive curriculum design, and ongoing data monitoring. It includes a structured plan for annual analysis of admissions, progression, and attainment data by protected characteristics and widening participation indicators, with outcomes reviewed by the Pharmacy EDI Group and fed into the University's quality assurance processes. All pharmacy staff have completed their mandatory training, including the e-learning module Equality, Diversity and Inclusion (EDI) Checklist. All new starters will also be required to complete this mandatory training, including the EDI course, within eight weeks of commencing their employment.

A Pharmacy Student Placement Guide will support the consistent implementation of reasonable adjustments across experiential learning environments. This outlines the disclosure process for disabilities and specific learning difficulties, including how reasonable adjustments will be identified through occupational health assessment and coordinated via Student Life.

The submission explained that students will develop an understanding of their legal responsibilities under the Equality Act 2010, the Human Rights Act 1998, and the Mental Capacity Act 2005 in the Pharmacy Foundations (PF) module. They will apply these frameworks through law lectures and ethical case-based workshops alongside bioethical principles and the concept of duty of care. These sessions will explore ethical decision-making, patient autonomy, valid consent, and how to support individuals to make informed choices about their care and treatment. A Public Health and Health Inequalities thread is embedded throughout the scientific, clinical, and professional strands of the spiral curriculum. Students will also participate in applied public health initiatives, and may include activities such as delivering health checks and awareness campaigns in deprived areas, supporting vaccination drives, and contributing to local health promotion projects.

Standard 3: Resources and capacity

Resources and capacity must be sufficient to deliver the learning outcomes in these standards.

Table 8: Standard 3 - assessment decision for each of the criteria. Criterion 3.1 to 3.3

Criteria	Met	Likely to be met	Not met
Criterion 3.1	☐	✓	☐
Criterion 3.2	☐	☐	✓
Criterion 3.3	☐	✓	☐

The governance, financial oversight, and project management arrangements detailed in the Step 2 submission remain in place, with transparent mechanisms for securing and managing resources. The team was pleased to be told that the University had received £450k from the Office for Students towards the initiation of the MPharm programme. It was estimated that the programme will break even financially by the 2028/29 academic year.

The submission explained that as part of a University reorganisation that has reduced the number of schools from four to two, the former School of Allied Health Sciences has now formally merged with the School of Nursing, Midwifery and Public Health to form the School of Health, Sciences and Society (HSS). It is planned that this merger will enhance interdisciplinary collaboration, resource sharing, and strategic oversight across health professions. The Head of Pharmacy & Prescribing is now part of the newly formed HSS School Executive Committee. Additionally, the University's non-medical prescribing programme has now been aligned with the pharmacy team, forming the Department of Pharmacy and Prescribing. The team was told that the change in governance structure will have little effect on the operation of the new department.

The team learned that the University had received enquiries already from potential applicants. The team was told that despite the target for Year 1 entry being 40 students, the University had given permission to start the programme, if approved, regardless of numbers. The worst-case scenario was described as moving from the planned 40/60/80/100 student intake over the first years of the programme to a 20/40/60/80 intake. In this case, the planned staff numbers would need to be decreased. The team asked about plans to recruit international students and was told that the University has in-country representatives in India, Pakistan and Nigeria that will be publicising the programme. The team was told that the University has a good record of attracting applicants from under-represented groups in the community, including students transitioning from vocational colleges such as Suffolk New College. The team was also told that the recruitment of international students is not a pre requisite for the course going ahead at this point.

The design of the new pharmacy facilities within the James Hehir Building has now progressed to RIBA Stage 4. The team visited the new Clinical Skills Suite which is planned to incorporate a mock dispensary. The University's Kramer AV and SummitView systems, along with the Brightspace virtual learning environment and Panopto lecture capture, continue to provide integrated digital learning and simulation capabilities. AI and VR technologies used in other healthcare programmes will also be available to MPharm students to enhance experiential learning.

At the time of the event, the core MPharm team comprised four permanent academic staff including two GPhC-registered pharmacists, and one academic with expertise in pharmaceutical and medicinal chemistry. A new Lecturer in Pharmacy (Biological Sciences) has been appointed with experience integrating foundational scientific knowledge with research-led content for pharmacy students in subjects such as molecular biology, biochemistry, pharmacology, and genetics. In addition, there is a practising pharmacist and a non-medical prescriber with over 30 years of healthcare and teaching experience across the NHS, private, academic, and voluntary sectors in the UK and overseas on a 0.1FTE honorary basis. To support the development of teaching materials in advance of programme launch, the planned recruitment of a teacher-practitioner has been brought forward to February 2026, and the team was told that the finances were in place for this appointment. The team queried the two-year fixed term contact for this position, but was assured that there was an expectation of its continuation.

The team was told that University appointees would be research active and those on research contracts would be allocated 200 hours for research and scholarly activities and 18.5 days for CPD and conference attendance. The team was told that students will be exposed to a number of visiting pharmacists including pharmacy superintendents, veterinary medicine pharmacists, and attend workshops run by the RPS, MHRA and PDA.

The team wished to know about the preparation for Year 2 of the programme in terms of staffing. It was told that there will be sufficient staff with a range of expertise, but that fixed-term staff members can be appointed if necessary. The team queried the planned starting date for staff appointed from September 2027 at a time when there could potentially be 100 students in the two years of study. It was told that the School has remodelled the staffing plan but that the University will start recruiting early for these positions. The team queried the necessary approach of having one academic devoted to each subject area but was told that as a contingency in the case of illness etcetera, fixed-term appointments could be made to cover subjects, as well as using science expertise from other parts of the HSS School.

The team was told that the previous offer of appointment to the position of Associate Professor in Clinical Pharmacy that had been in place at the Step 2 event had been withdrawn. Rather, two academics have been appointed to full-time posts, both of which are scheduled to take up post in January 2026. An overseas-registered academic pharmacist has been appointed to the Associate Professor in Clinical Pharmacy and programme lead position, with research interests in patient outcomes, with particular emphasis on chronic disease management and the optimisation of health outcomes. A community pharmacist that has been acting as a pharmacy consultant for the new programme has been appointed to a lectureship in pharmacy practice and will take on the responsibility of being placement lead and may consider undertaking the qualification to become an independent prescriber. The team learned that both these appointees have already been involved in discussions on the curriculum. The team considered these two appointments to be critical for a successful accreditation and for the early development of the programme. Accordingly, the team agreed that it be a **condition** that assurance must be provided that the staff complement will be appropriate for all aspects of programme delivery, specifically, that the current and planned staffing for the 2025/26 academic year, including the Associate Professor in Pharmacy Practice and the Lecturer in Pharmacy Practice due to take up posts in January 2026, remain as described at this Step 3 event. Further, that recruitment to one or more of the staff posts currently planned for the 2027/28 academic year be brought forward to 2026/27. This was to allow staff to complete their induction, prepare adequately for programme delivery and provide meaningful input to development of teaching content and assessments. The condition relates to criterion 3.2.

Standard 4: Managing, developing and evaluating MPharm degrees

The quality of the MPharm degree must be managed, developed and evaluated in a systematic way.

Table 9: Standard 4 - assessment decision for each of the criteria. Criterion 4.1 to 4.6

Criteria	Met	Likely to be met	Not met
Criterion 4.1	☐	✓	☐
Criterion 4.2	☐	✓	☐
Criterion 4.3	☐	✓	☐

Criteria	Met	Likely to be met	Not met
Criterion 4.4	☐	✓	☐
Criterion 4.5	☐	✓	☐
Criterion 4.6	☐	✓	☐

The documentation explained that no material changes in relation to this standard have occurred since the previous commentary. However, with the creation of the new School of HSS, the QA framework has been modified with several sub-committee and forums created to support programme-level quality assurance and enhancement, including the Learning and Teaching Forum, Progression and Award Boards, Practice Education Forum, Education Partnership Forum, and the Student Voice Forum. The Pharmacy IPL Lead sits on the newly formed HSS IPL Working Group that oversees IPL activities. Discussions are underway to establish collaborative IPL sessions with Anglia Ruskin University.

Formal placement agreements have been completed with providers including Boots, Day Lewis, Cambridge University Hospitals NHS Foundation Trust (CUH), West Suffolk NHS Foundation Trust (WSFT), East Suffolk and North Essex NHS Foundation Trust (ESNEFT), Mid and South Essex NHS Foundation Trust (MSE), G.M.Graham Pharmacies, and Bottisham Pharmacy. These agreements set out the responsibilities of all parties and ensure students receive appropriate supervision and support during experiential learning. The team was told that the placement capacity was on track and would be sufficient for Year 1. The Placement Lead will coordinate all experiential learning activities, liaising with providers to monitor student progress and address issues. The team was told that, in addition, a series of educational audits has also been undertaken in collaboration with pharmacy schools at the Universities of East Anglia and Hertfordshire using the East of England Multi-professional Practice Learning Environment Audit tool to confirm that each site meets the required standards for learning environment quality, supervision, and student and patient safety.

Since Step 2, a further eight stakeholder engagement events have been held with external stakeholders and three with internal stakeholders, with a diverse range of participants including patients and the public, students and early career pharmacists, practice providers, and clinical pharmacists from community, hospital, and primary care settings, as well as national organisations, industry and academics from other courses. Further stakeholder engagement events will be scheduled for 2026, focusing on key topics to be developed further, including digital health literacy, to ensure that the programme continues to evolve in line with stakeholder expectations and national developments.

An MPharm Advisory Board is being established to provide strategic oversight and professional input into the ongoing development and delivery of the MPharm programme. Membership includes representatives from NHS England (East of England Workforce, Training and Education), the Suffolk and North East Essex Integrated Care Board (ICB), East Suffolk and North Essex NHS Foundation Trust, community and primary care pharmacy providers, industrial partners, the RPS Chief Scientist, and a lay member. A representative from the Office of the Chief Pharmaceutical Officer will be invited to contribute to ensure alignment with national pharmacy education and workforce priorities.

The Department of Pharmacy and Prescribing has aligned its approach to student engagement with the University's Student Representation and Student Voice Policy. A dedicated MPharm Student Voice Forum will be established once the first student cohort enrols, providing a mechanism for student pharmacists to contribute to course evaluation and enhancement. Each year group will elect at least one Course Representative, supported by the Students' Union, who will attend Forum meetings and feed

back to their cohort. Student feedback will also be gathered and reviewed through the University's Risk-based Monitoring and Enhancement process, and the Head of Department will host a student feedback workshop every semester, providing an informal platform for students to share their experience of learning, teaching, and placements directly with the course leadership team.

Standard 5: Curriculum design and delivery

The MPharm degree curriculum must use a coherent teaching and learning strategy to develop the required skills, knowledge, understanding and professional behaviours to meet the outcomes in part 1 of these standards. The design and delivery of MPharm degrees must ensure that student pharmacists practise safely and effectively.

Table 10: Standard 5 - assessment decision for each of the criteria. Criterion 5.1 to 5.13

Criteria	Met	Likely to be met	Not met
Criterion 5.1	☐	✓	☐
Criterion 5.2	☐	✓	☐
Criterion 5.3	☐	✓	☐
Criterion 5.5	☐	✓	☐
Criterion 5.5	☐	✓	☐
Criterion 5.6	☐	✓	☐
Criterion 5.7	☐	✓	☐
Criterion 5.8	☐	☐	✓
Criterion 5.9	☐	✓	☐
Criterion 5.10	☐	✓	☐
Criterion 5.11	✓	☐	☐
Criterion 5.12	☐	✓	☐
Criterion 5.13	☐	✓	☐

The documentation indicated that curriculum design and development work has been completed since the Step 2 event. The curriculum has a spiral and integrated design for progressive attainment of clinical, scientific, and professional competencies, advancing from foundation scientific knowledge to the application of clinical reasoning and prescribing at graduation. The team was given an example of spirality in the teaching of the cardiovascular system. Thus, Year 1 will cover the scientific principles, for example, the pharmacology of relevant agonists and antagonists. Year 2 will cover the structure of the heart, pharmaceutics elements and medical emergencies including cardiac arrest and stroke. Year 3 will deal with consent and capacity, plus end-of-life palliative care, and Year 4 will deal with polypharmacy using extended case studies and building up a patient case. The team was told that team meetings and discipline leads will determine the content and order of teaching

The modules and their placing remain the same as described at step 2. However, following stakeholder engagement, some of the focus and naming of the sub-units have been adjusted. Integration of science and practice will be achieved through systems-based sub-units, longitudinal professional identity development and five threaded themes; prescribing & clinical reasoning, digital health, public health and health inequalities, genomics and personalised medicine and sustainability. The team was told that module handbooks have been prepared, and activities mapped out but that there remains much to be completed on the content of the teaching sessions and that the VLE will be populated in June/July 2026. Also, although the programme has access to the Labster system, decisions remain to be taken on the necessary laboratory equipment. The team heard that the MyDispense system will be used for pharmacy practice classes and was pleased to hear that the newly appointed Associate Professor in Clinical Pharmacy and Pharmacy Practice has experience and expertise in its use.

Experiential learning is designed to support student development into safe, reflective, and prescribing-ready practitioners. Each semester focuses on a distinct thematic or sectoral context, for example, community, hospital, general practice, advanced and complex care, allowing students to revisit and build on scientific, clinical, and professional concepts with increasing complexity. The Digital Health Strategy has been reviewed by Health Innovation East that has confirmed its alignment with NHS priorities and will continue to support its implementation. The team was told that Years 3 and 4 will provide hands-on experience of prescribing with consultation practice and accountability. Teaching on prescribing will start with assessment and diagnostics, including laboratory results, for the gastrointestinal tract and ear, nose and throat in Year 1. There will be strong links to the RPS prescribing competencies including consultation models, communication skills, prescribing and monitoring, safe and professional practice, and quality improvement and team-working. Teaching will be based on integrated case studies with assessment by prescribing OSCE stations in each year. There will be a mix of eight manned and unmanned OSCE stations per year.

In relation to professionalism, an induction timetable will include dedicated sessions on the GPhC Standards for Pharmacy Professionals, fitness to practise, and an introduction to the purpose of the Pharmacists' Defence Association (PDA). These sessions are designed to ensure that students understand professional expectations from the outset and recognise their responsibilities as future registrants. A Pharmacy Student Placement Guide outlines expectations of professional behaviour, confidentiality, and dress code during experiential learning. This will be supported by pre-placement workshops to reinforce the importance of professionalism in practice environments. Clinical skills sessions will model professional behaviours, including communication, dress, and conduct, with students required to behave professionally in all simulated and interprofessional learning settings.

The Experiential Learning Strategy has been refined, providing a framework for student exposure to patients, carers, and healthcare professionals across a balance of simulated and real-world practice environments. The team learned that the Year 1 observational placement model has been adjusted from two to one hospital placement day, allowing additional time for development of placement capacity, with a longer-term plan to introduce a general medical practice observational day for the 2028/29 academic year. Structured hands-on placements have been confirmed across community, hospital, and general practice settings, increasing in complexity and responsibility through Years 2–4, supported by a placement guide, Entrustable Professional Activities, EPA, handbook and EPA workbook. The team was told that an EPA working group will decide the criteria for the achievement of the EPAs. Nine groups of EPAs will be linked to the GPhC learning outcomes and their progression through the EPA levels will be the responsibility of the placement supervisors with whom the programme team is engaging currently.

The team asked about the rationale for some placements to be scheduled after the May/June summative examination period and was told that this arrangement would allow students to focus on the placements rather than being distracted by assessments. The outcomes of these placements will feed into the subsequent year's portfolio. In the case of problems, support for students and placement providers will be available from the School placement team. In terms of the portfolio, the team was told that in the first year of delivery of the programme, the portfolio will be paper-based but intelligence will be gathered from the trialling of an e-portfolio for nursing within the School.

The Interprofessional Education (IPE) Strategy has been strengthened through confirmation of the courses and modules that will include Year 1 student pharmacist IPE activities. In addition, discussions are underway with Anglia Ruskin University to develop a multi-institutional IPE plan, enabling student pharmacists to learn with, from, and about medical students. The team was told that attendance at IPE events is mandatory and that registers will be taken. The team was also told that there is a general principle of 80 percent attendance being required for all classes, but it can be higher if professional requirements so demand. When pressed, the provider confirmed that 100 percent attendance would be required for IPE events. Eighty percent attendance would only be acceptable for placements and IPE if the student could prove extenuating circumstances; in this case, remediation would involve attendance at later sessions where possible, for example, IPE sessions for diagnostic radiographers.

At the step 2 accreditation event, the panel noted what it considered to be an unusual requirement that although the pass mark for assessments in Years 2 and 3 was set at 40 percent students were required additionally to achieve an overall mark of 50 percent to progress to the following year. The team learned that since the step 2 event, the University has agreed that variations to the relevant regulation be made for the MPharm course, to include lowering the progression requirement from an overall average mark of 50 percent at Years 2 and 3 to 40 percent to align with the module pass mark for these years. Additionally, it was confirmed that flexibility in the University standard assessment regulations for modules to be assigned credit in multiples of 30 accommodates the MPharm structure. It has also been made explicit within the assessment regulation variations that students must have passed all necessary credits plus the zero-credit compulsory placement modules to progress to the next level. Certain assessments are designated as core components, reflecting their direct link to key threshold concepts or competencies and professional practice. Core components must be passed independently, as failure would demonstrate an inability to meet the threshold standards. All modules for the MPharm have been designated as mandatory and therefore condonement is not allowed. However, the team was concerned that the policy of reducing the pass mark to 35 percent for non-core elements, some comprising important areas, could be construed as permitting in-module compensation. Accordingly, the team agreed that there be a **condition**, detailed in the commentary to Standard 6 below and relating to criterion 5.8 that the University must remove allowance for in-module compensation.

A Pharmacy Student Concerns Policy has been created to complement the University's overarching Fitness to Practise procedure and is designed to provide greater clarity and consistency in how low-level concerns are handled within the MPharm programme. Where a concern is serious, or where patterns of behaviour suggest a risk to patient safety or public confidence in the profession, the existing University Fitness to Practise Procedure will be activated.

Standard 6: Assessment

Higher-education institutions must demonstrate that they have a coherent assessment strategy which assesses the required skills, knowledge, understanding and behaviours

to meet the learning outcomes in part 1 of these standards. The assessment strategy must assess whether a student pharmacist's practice is safe.

Table 11: Standard 6 - assessment decision for each of the criteria. Criterion 6.1 to 6.14

Criteria	Met	Likely to be met	Not met
Criterion 6.1	☐	✓	☐
Criterion 6.2	☐	☐	✓
Criterion 6.3	☐	☐	✓
Criterion 6.4	☐	☐	✓
Criterion 6.5	☐	✓	☐
Criterion 6.6	☐	☐	✓
Criterion 6.7	☐	☐	✓
Criterion 6.8	☐	☐	✓
Criterion 6.9	☐	✓	☐
Criterion 6.10	☐	✓	☐
Criterion 6.11	☐	☐	✓
Criterion 6.12	☐	✓	☐
Criterion 6.13	☐	✓	☐
Criterion 6.14	☐	✓	☐

The documentation stated that the assessment process is designed to provide students with regular assessments to provide a stimulus for learning and to provide constructive feedback. Alongside coursework, the summative assessment period is January for end of the first double block module, and May/June for the summative assessment of the second double block module.

In the early years of the programme the assessments of the Pharmacy Foundations modules are focused on scientific knowledge and underlying principles and include coursework, pharmacy service evaluation, an end-of-module and calculations examinations. In the integrated Science, Systems and the Patient modules the assessment includes an in-class test, coursework, group coursework, summative laboratory reports, integrated case study or prescribing competency assessment, an end-of-module examination and annual OSCE and calculations examinations.

Students will be assessed In the Year 3 research project on their dissertation, poster presentation, and engagement with the project/supervisor. In Year 4 the assessments will focus on preparation for student transition into the foundation training year and include in-class tests, coursework, group coursework, OSCE, summative laboratory report plus care plan, calculation examination, community pharmacy simulation and end-of-module examinations. The specific content of the assessment of the pass/fail zero-credit competency modules will vary each year but will consist of a practice portfolio and an annual revalidation portfolio, the latter comprising a mixture of CPD tasks, GPhC reflective accounts, IPE reflections, peer discussions and a personal development plan.

The team wished to know about the design and assessment of the community pharmacy simulation classes and was told that small groups of students would divide tasks and be assessed on legality, behaviours and values, including team dynamics. The Year 1 simulated events will be designed by the newly appointed lecturer in pharmacy practice with input from a community pharmacy partner and stakeholder.

All assessment components have been designated as either core or non-core. The team was told that marking rubrics have not yet been developed finally but that standard-setting will be used only for critical elements such as OSCEs and calculations. For the OSCE assessments at each level the pass mark will be set using a recognised standard-setting methods such as Angoff or modified Angoff process and adjusted to 40 percent for levels 4-6 and 50 percent for level 7. Standard-setting will be used for all calculation exams and the team was told that the minimum threshold would be 70 percent irrespective of the standard-setting outcome.

In terms of patient safety, the team was told that any potential patient harm would result in failure of the relevant assessment and that the higher pass mark in final year was partially related to patient safety. The placement handbook professionalism rubric will provide examples of patient harm. The team was of the view that standard-setting did not necessarily have to use the Angoff method, as long as the method used was clear. However, the team remained unconvinced of the current in-house expertise in standard-setting and of the skills, experience and training of staff to carry out the planned assessments. As described at the step 2 event, one assessment at each level will allow students to choose from a limited range of assessment types for completion to support the University's inclusive assessment strategy and to design-out the need for individual reasonable adjustments.

The assessments are planned for all outcomes, including prescribing readiness, to be evidenced through mapped assessments. An EPA Student Placement Handbook outlines the integration of EPAs within experiential learning through nine EPA bundles mapped to the GPhC learning outcomes and supported by Supervised Learning Events. The team was told that there is focus on the 16 GPhC learning outcomes at the Does level with triangulation of performance in the placement, OSCE and other assessments. Students will collect portfolio evidence demonstrating competence against the 16 GPhC learning outcomes at the Does level with the pass criteria being the need to evidence two learning outcomes have reached "Shows How" level in Year 1 and build up during subsequent years, verified through structured supervision and EPA logs. Academic staff will take the final decision on the meeting of the outcomes. The team noted that several of the GPhC learning outcomes had been designated levels higher than those allocated by the GPhC and warned the provider of the potential for student appeal; the team suggested that the outcomes remain at the level determined by the GPhC. Accordingly, it will be a **recommendation** that the proposal for students to demonstrate competency in assessment at a higher level than that required of the GPhC learning outcomes be reconsidered. This relates to criteria 6.3 and 6.4. The team was told that plans are under way for the training of placement supervisors in placement supervision.

The team learned that three external examiners are being appointed, one in clinical pharmacy and pharmacy practice, one in physiology and pharmacology and one in pharmaceutical chemistry. The examiners will review teaching materials and examination documents, plus will be able to feed into the standard-setting process.

The team was told that the course was designed so that there was no more than one summative assessment for each ten credits of learning. However, the team considered that, taking into account

associated formative assessments, the assessment load was excessive, both for students and staff. The team was also concerned that the policy of reducing the pass mark to 35 percent for non-core elements, some comprising important areas, could be construed as permitting in-module compensation. In addition, the team was concerned about the pass criteria for all Year 1 summative assessments, and the monitoring and recording of the assessment of Year 1 students against the GPhC learning outcomes.

The team agreed that there be an overall **condition** for Standard 6 encompassing the above comments. The **condition** is that the University must a. reduce the number of assessments to present an appropriate and realistic workload for students, while ensuring that students demonstrate meeting all learning outcomes, b. remove allowance for in-module compensation, c. define appropriate pass criteria for all Year 1 summative assessments, d. define an appropriate process for the standard-setting of all summative assessments, with the processes used demonstrating clearly that the passing standard is fair and reflects safe and effective practice, e. clearly define appropriate systems and processes that will be used to monitor and record the assessment of Year 1 students against the learning outcomes, and f. provide assurance that all examiners and assessors will have appropriate skills, experience and training to carry out the task of assessment. This condition relates to criteria 6.2, 6.3, 6.4, 6.6, 6.7, 6.8, and 6.11.

The submission stated that assessment design continues to align with the University's Learning, Teaching and Assessment Framework that requires provision of timely, constructive feedback, normally within three working weeks of the submission deadline, and opportunities for students to engage in formative activities and mock assessments before each new summative assessment type. Feedback will include written feedback via Brightspace, group debrief sessions following examinations, and ongoing informal feedback during laboratory, workshop, and clinical skills teaching. To support the collection of feedback from placement supervisors, an EPA Student Handbook and Workbook have been produced which demonstrate the use of a professionalism rubric, as well as the use of the NHS England foundation training tools, for supervisors to provide feedback on student performance. This is supported by a placement supervisor training presentation covering the roles and responsibilities of a placement supervisor, how to give constructive feedback and how to assist students in identifying learning needs.

Standard 7: Support and development for student pharmacists and everyone involved in the delivery of the MPharm degree

Student pharmacists must be supported in all learning and training environments to develop as learners and professionals during their MPharm degrees. Everyone involved in the delivery of the MPharm degree should be supported to develop in their professional role.

Support for student pharmacists

Table 12: Standard 7 - assessment decision for each of the criteria. Criterion 7.1 to 7.4 - Support for student pharmacists.

Criteria	Met	Likely to be met	Not met
Criterion 7.1	☐	☐	✓
Criterion 7.2	☐	✓	☐
Criterion 7.3	☐	✓	☐

Criteria	Met	Likely to be met	Not met
Criterion 7.4	☐	✓	☐

The submission explained that the MPharm Induction Week has been developed since step2. It will provide students with a structured introduction to the University, the MPharm programme, and the professional expectations of pharmacy practice. Activities are designed to orientate students to academic, regulatory, and professional frameworks in alignment with GPhC learning outcomes. The key components will be the programme and professional orientation, academic and pastoral support, practical readiness and compliance, and community and engagement.

The submission explained that in terms of workload, ten credits is equivalent to 100 hours of work. These include face-to-face contact teaching, online learning education, assessment preparation and independent learning. Contact hours will vary depending on the module, and the mode of delivery, but no more than approximately 20 contact hours of teaching will be delivered each week, with all contact hours delivered between 09:30 - 16:00, allowing for online learning in a student's own time with activities hosted in Brightspace including guided reading and engagement with multi-media resources. As indicated in the commentary to Standard 6 above, the team considered that, taking into account associated formative assessments, the assessment load was excessive, both for students and staff. Accordingly, the **condition** set for Standard 6 will also apply to this Standard, in particular, to criterion 7.1.

The submission explained that since the Step 2 event procedures for raising and managing student concerns have been fully developed across both academic and practice settings. Placement quality and safety are governed by the University's Securing Educational Standards (SES) Policy which establishes a structured, three-level escalation process for managing placement-related concerns. The policy promotes psychological safety, enabling students and staff to raise issues without detriment, and ensures proportionate, timely responses. The Pharmacy Placement Student Guide provides guidance on raising concerns within practice environments. Students are reminded of their duty of care to safeguard the public and are supported to raise issues through their Placement Supervisor and Personal Academic Coach, with escalation routes to the Placement Lead, Course Leader, or external authorities (e.g. GPhC or CQC) where appropriate.

Support for everyone involved in the delivery of the MPharm degree

Table 13: Standard 7 - assessment decision for each of the criteria. Criterion 7.5 to 7.8 - Support for everyone involved in the delivery of the MPharm degree.

Criteria	Met	Likely to be met	Not met
Criterion 7.5	☐	✓	☐
Criterion 7.6	☐	✓	☐
Criterion 7.7	☐	✓	☐
Criterion 7.8	☐	✓	☐

As indicated in the commentary to Standard 1 above, the team learned that all new staff members had completed their mandatory University induction training within eight weeks of commencing their employment. All new staff members have been assigned both a buddy and a research mentor on

appointment, providing academic, professional, and research support in addition to existing mentoring and PASSPoRT schemes. Peer support includes curriculum meetings taking place every other week and monthly Pharmacy Team Meetings have been established, covering HR, curriculum, placements, governance, risk, research, finance, and stakeholder engagement. Pharmacy Placement Supervisor Training has now been developed to help consistency and quality across placement supervision.

Annex A: Decision descriptors

Table 14: Decision making descriptors

Decision	Descriptor
Met	The accreditation team is assured after reviewing the available evidence that this criterion/learning outcome is met (or will be met at the point of delivery).
Likely to be met	The progress to date, and any plans that have been set out, provide confidence that this criterion/learning outcome is likely to be met by step 7. However, the accreditation team does not have assurance after reviewing the available evidence that it is met at this point (or will be met at the point of delivery).
Not met	The accreditation team does not have assurance after reviewing the available evidence that this criterion or learning outcome is met. The evidence presented does not demonstrate sufficient progress towards meeting this criterion/outcome. Any plans presented either do not appear realistic or achievable or they lack detail or sufficient clarity to provide confidence that it will be met by step 7 without remedial measures (condition/s).

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